

# CLAIMS ONLY

Application Number

16/804 457

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2	/					
3		/				
4	/					
5	/					
6			/	/		
7				/		
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Total Indep	4		5			
Total Depend	1		7			
Total Claims	5		12			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						